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ABSTRACT

This report on Colorado's efforts to develop early intervention services for infants and toddlers with special needs and their families begins with a planning matrix displaying the program's philosophical base, methods, and system components. The report points out that the statewide service system should be designed to ensure access for all children with special needs. Activities conducted or planned from June 1987 to June 1992 in each of the 14 systems components of Part H of Public Law 99-457 are documented. A planning strategy for 1990-92 is presented; an implementation strategy is spelled out; policies for implementing the 14 systems components are discussed; and objectives of Part H planning for 1990-91 are presented. These objectives focus on community development initiatives, a training and technical assistance network, support structures, and program administration. (JDD)

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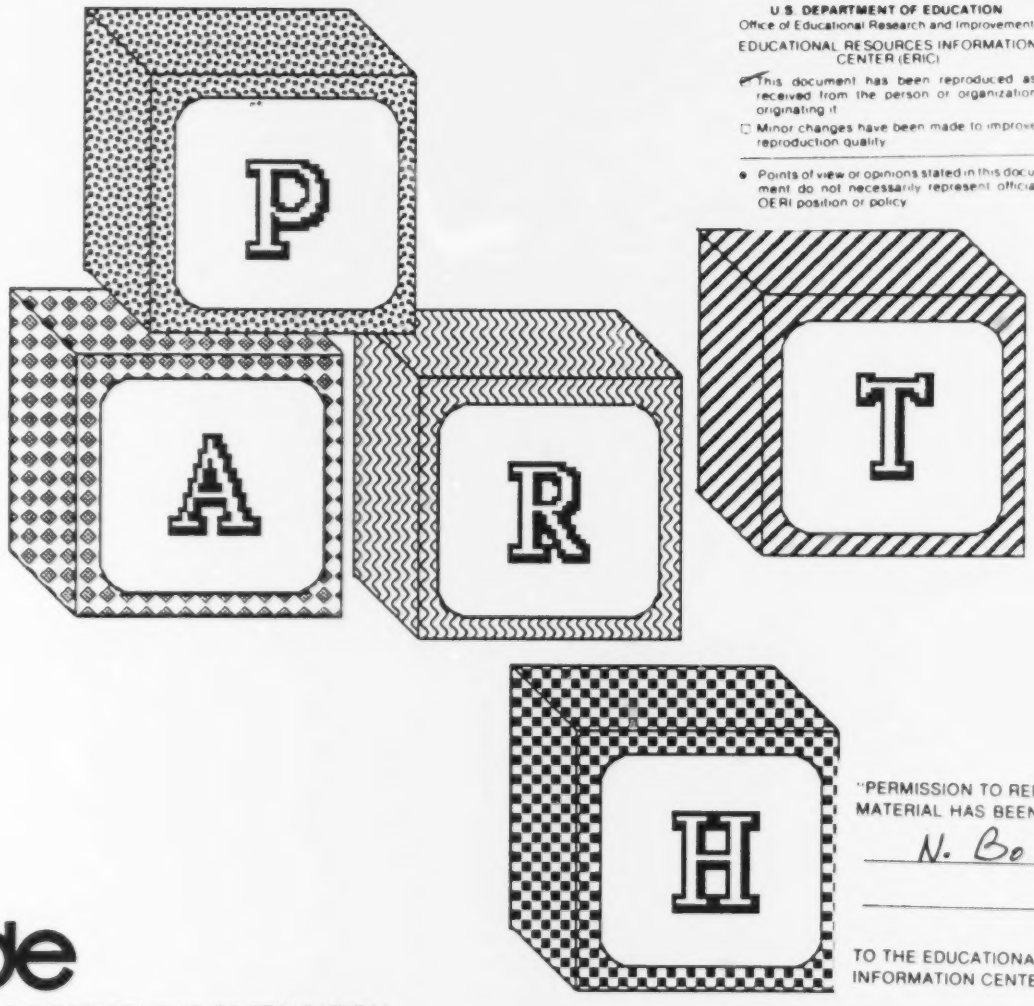
# BUILDING A SYSTEM FOR EARLY INTERVENTION FOR COLORADO'S INFANTS AND TODDLERS AND THEIR FAMILIES

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# BUILDING A SYSTEM FOR EARLY INTERVENTION FOR COLORADO'S INFANTS AND TODDLERS AND THEIR FAMILIES

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State of Colorado

May 1991

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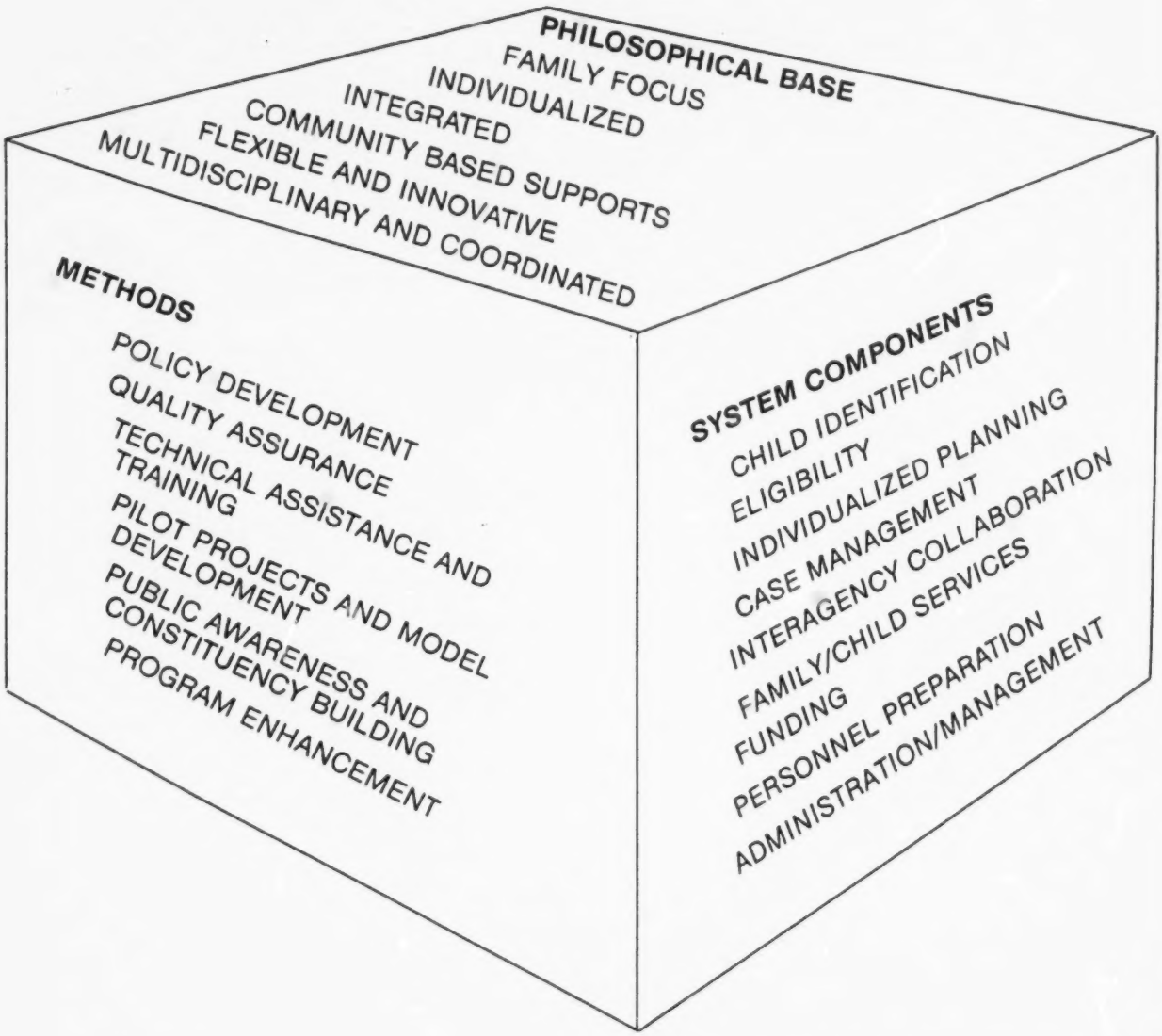
# STATE OF COLORADO
# P.L. 99-457 "PLANNING MATRIX"




LEAD AGENCY: COLORADO DEPARTMENT OF EDUCATION

# COLORADO INTERAGENCY COORDINATING COUNCIL VALUE STATEMENTS

COLORADO'S STATEWIDE SERVICE SYSTEM SHOULD BE DESIGNED TO ENSURE ACCESS FOR ALL CHILDREN WITH SPECIAL NEEDS. THE SERVICE SYSTEM SHOULD:

1. view children and families from a competency rather than a deficit model

2. focus on the needs of the child within the context of the family

3. recognize parents as active and equal partners in making decisions

4. provide choices and options of services

5. utilize existing resources in creative and flexible ways that allow for individual community differences; and,

6. provide adequate funding for what is required.

# DRAFT P.L. 99-457

## The Colorado Infant/Toddler Initiative

| Systems Components | Year I<br>June 1987 - June 1988 | Year II<br>July 1988 - June 1989 | Year III<br>July 1989 - June 1990 | Year IV<br>July 1990 - June 1991 | Year V<br>July 1991 - June 1992 |
|---|---|---|---|---|---|
| 1. Definition of Developmental Delay | Developed draft definition | Finalize eligibility criteria - Nov. 1988<br>Conduct impact analysis | Disseminate definition<br>Maintain relevant data regarding population | Implement multidisciplinary assessment, IFSP, and case management for eligible population | Ensure entitlement for eligible population |
| 2. Timetable for Availability of Services | Began development of timetable<br>Set priorities for Year I | Finalize timetables - Sept. 1988 | | | Assure components of a coordinated, comprehensive infant-toddler intervention sys. are operational - July 1991 |
| 3. Multidisciplinary Assessment | | Establish multidisciplinary assessment tech. assistance group - Oct. 1988 | Draft guidelines for multidisciplinary assessment | Operationalize multidisciplinary assessment procedures - July 1990 | Monitor and evaluate |
| 4. Individualized Family Service Plan/Case Management | Established technical assistance group | Establish Family/Parent Services tech. assistance group - Sept. 1988<br>Define & draft policy for IFSP process:<br>• Visual Presentation - Jan. 1989 | Draft guidelines for case management and IFSP, and family focus service delivery | Operationalize IFSP & case management components - July 1990 | Monitor and evaluate |
| 5. Comprehensive Child-Find/ Referral System | Established technical assistance group | Obtain data base<br>Pilot local child identification initiatives | Develop statewide procedures for child ident./Child Find system - Jan. 1990 | Implement procedures for child ident./Child Find system - August 1990 | Monitor and evaluate |
| 6. Public Awareness Program | Initiated public awareness<br>• Medical linkages<br>• Service providers' training<br>• Brochures - Child Find<br>• First Impressions<br>• Multiple presentations by staff<br>• ICC annual report | Finalize and disseminate the ICC annual report | Disseminate statewide policies and recommendations for system components - Jan. 1990 | Continue public awareness activities | Continue activities |
| 7. Central Directory | Designed Central Directory<br>• DIRS<br>• Early Childhood Program Directory | Complete development of central directory - May 1989 | Evaluate utilization of directory<br>Update directory | Update | Update |
| 8. Comprehensive System of Personnel Development | Conducted personnel development activities<br>• Universities' Outreach Project<br>• In-Service Training<br>• Case Management | Establish personnel development technical assistance group - Sept. 1988<br>Analyze training resources | Draft recommendations for comprehensive system of personnel development | Implement comprehensive system of personnel development - Aug. 1990<br>Provide support for personnel development - Sept. 1990 | Continue support for personnel development - July 1991 |
| 9. Designation of Lead Agency | Designated lead agency<br>Appointed ICC members | Continue ongoing efforts<br>• Support for training activities<br>• Support for community networking<br>• Support for pilot projects<br>Develop and adopt policy statements for 14 system components<br>Develop management procedures for funded projects<br>Conduct public hearing on application<br>Apply for Year III Grant - May 1989<br>Clarify ICC membership for Year III - March 1989<br>Report from pilot projects | Analyze outcomes of technical assistance groups | Provide program management | Continue program management |
| 10. Contractural Policies and Procedures with Local Service Providers | Developed interagency agreements<br>• Division of Developmental Disabilities<br>• Head Start | Refine interagency agreement with DD - April 1989 | Establish interagency agreements with Dept. of Social Services, Colorado Dept. of Health, Head Start, Colorado Dept. of Education - June 1990 | Continue support of local interagency efforts - July 1990<br>Enact policies & procedures for contracts with local service providers - August 1990 | Continue support for local interagency efforts - July 1991 |
| 11. Reimbursement Procedures | | Establish funding technical assistance group - Sept. 1988 | Analyze funding resources - Jan. 1990 | Enact policies & procedures for funding - August 1990 | |
| 12. Procedural Safeguards | | Analyze State agencies' policies & procedural safeguards - Feb. 1989<br>Establish infant and preschool program protocol for monitoring | | Implement monitoring protocol for infant & preschool programs- July 1990 | Ensure that state policy is established regarding entitlement of early childhood services - June 1992 |
| 13. Policies and Procedures for Personnel Standards | Approved certification of teachers | | Analyze, recognize and/or establish standards for certification and licensure for early intervention personnel - June 1990 | Enforce standards for certification and licensure of early intervention personnel - July 1990 | |
| 14. Establishment of Data Information System | Studied data information systems | Design data collection and reporting system (interagency) - Ju[redacted]<br>Fin[redacted]t of required data for federal office | Establish data collection and reporting system - Jan. 1990 | Implement comprehensive data collection and reporting system - July 1990 | |



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## The Colorado Infants and Toddlers Program
### Planning Strategy for 1990-92

### PHASE I: 1987-88 SYSTEM PLANNING

Colorado Interagency Coordinating Council (CICC) met and conceptualized the values base.

### PHASE II: 1988-1990 SYSTEM DEVELOPMENT

Colorado Interagency Coordinating Council funded pilot project to begin to operationalize values base.

### PHASE III: 1990-1992 SYSTEM IMPLEMENTATION

Colorado Interagency Coordinating Council will fund an implementation strategy to create broad-based systemic change that reflects the values base and the Part H components through evaluation, training, dissemination and community support.

Elements of Implementation Strategy

(1) Seed money to local communities for the demonstration of comprehensive coordinated delivery systems.

(2) Targeted training activities and material development around specific content areas:

- early identification system
- leadership training
- diagnostic evaluation
- case management
- IFSP process
- evaluation

This would include ongoing training and technical assistance.

(3) Development of a cadre of trainers/consultants identified from previously funded pilot projects, TAGs, universities, state agencies, and CICC. These trainers would provide: (a) community consultation and support as identified to meet local needs and (b) community-based peer review process for monitoring, evaluation, and technical assistance.

(4) Continuation of statewide support structures for implementation of Part H: (a) faculty institute, (b) conflict resolution procedures, (c) mediation process, (d) public awareness, (e) central directory, and (f) an information management system.

## ELEMENTS OF IMPLEMENTATION STRATEGY

(1) Seed money to local communities for the demonstration of comprehensive coordinated delivery systems. The rationale for providing fiscal resources to local communities include:

- Requirement for interagency collaboration and coordination
- Identification and organization of community resource people, services and supports
- Development and implementation of a community-based system of services
- Establishment of criteria/outcomes for communities

Activities:

- Facilitate community consult process
- Identify and coordinate community resources, services and supports
- Establish interagency coordinating councils
- Develop written interagency agreements to determine "who does what"
- Conduct fiscal analysis of community services and supports
- Implement a community-driven system of services

(2) Targeted training activities and material development around specific content areas. The rationale for targeted inservice training is to impact the personnel who provide services for infants and toddlers and their families.

Activities:

- Support interagency, community based efforts for specific content/topics

| | |
|---|---|
| early identification system | leadership training |
| diagnostic evaluation | IFSP process |
| case management | evaluation models |
| interagency planning | |

- Support locally and regionally based workshops - ongoing training/TA
- Development of video tapes, study guides and materials
- Support training for child care centers/First Start
- Assist local communities in designing of evaluation models/link with universities
- Ongoing technical support linked to field-based personnel who provide services for infants and toddlers and their families. A technical support system will be developed which links research and development to the day-to-day practice of field staff.

(3) Development of a cadre of trainers/consultants to provide community consultation and support system about specific topics identified at the local level, and conduct community-based consult models. Rationale for this component is to utilize the expertise of persons who have been working with the CICC and CDE in

the development and implementation of the Part H system of services. Ongoing technical assistance will be provided to communities through the use of these trained people. This will assist in meeting the demands for personnel preparation.

(4) Continuation of statewide support structures for implementation of Part H: (a) faculty institute, (b) conflict resolution procedures, (c) mediation process, (d) public awareness, (e) central directory, and (f) an information management system. These initiatives are viewed as long-term activities conducted or contracted out by the Colorado Department of Education with assistance from the CICC.

# COLORADO
## P.L. 99-457/POLICY STATEMENTS
**April, 1990**

The state of Colorado chose to participate in P.L. 99-457, the Education of the Handicapped Act Amendments of 1986. The charge to the States was to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers with handicaps and their families. (Hereinafter references to "infants/toddlers" will generally mean infants and toddlers with developmental delays or identified handicaps.) The Colorado Department of Education, under the guidance of the Colorado Interagency Coordinating Council, has developed policy statements which reflect the values and goals delineated by the Council. These policy statements are the framework for the statewide system of services and supports. An overall guiding principle that influences the following policy statements is the involvement and empowerment of families.

### 1. STATE DEFINITION OF CHILDREN TO BE SERVED UNDER PART H

Eligible infants and toddlers are children birth through two years of age who need early intervention services. Eligible population include:

I. Children at-risk for significant developmental delays as deemed eligible by the Colorado Interagency Coordinating Council;

II. Children with diagnosed medical conditions associated with significant developmental delays; and

III. Children with significant delays in at least one or more areas of development.

I. <u>Children At-Risk for Developmental Delay as Deemed Eligible by the Colorado Interagency Coordinating Council</u>

Currently this category includes children whose parent(s) are persons with developmental disabilities based on the State's definition.

Other Children "At-Risk" for Developmental Delays

The Colorado Interagency Coordinating Council is aware that other children are at-risk for developmental delays as a result of either environmental or biological factors such as poverty, teen pregnancy, chronic illness, etc. The CICC commits itself, on an annual basis, to further study other at-risk groups of children. The results of such studies may warrant expansion of the children eligible for services.

The CICC recognizes and supports the need to contact and coordinate with other State Councils and Agencies concerned with children and family issues for identification, tracking, referral, and service delivery for these children.

II. Children with Conditions Associated with Significant Developmental Delays

Those children birth through two years of age who have identifiable conditions known to have a high probability of resulting in significant developmental delays, but who may not be exhibiting delays in development at the time of diagnosis. Those identifiable conditions are:

a. Chromosomal syndromes and conditions associated with mental retardation.

b. Congenital syndromes and conditions associated with delays in development.

c. Sensory impairments.

d. Metabolic disorders.

e. Prenatal and perinatal infections and significant medical problems.

f. Low birth weight infants weighing less than 1,000 grams.

g. Post-natal acquired problems known to result in significant developmental delays.

III. Children with Significant Developmental Delays

Children with developmental delays shall mean those children birth through two years of age who have been diagnosed by a multi-disciplinary team as having a significant delay in at least one or more of the following areas of development: cognition, speech/language, physical/motor, vision, hearing, psychosocial, and self-help skills. To determine eligibility the following procedures will be followed:

Definition of Significant Delay:

The multi-disciplinary team, including the family, shall determine a child has a significant delay if:

Evidence is available to verify a significant delay. Verification by the team should include a developmental history and at least one other assessment procedure. Such other procedures may include parent reports, language samples, play-based assessments, criterion-referenced instruments, and developmental checklists; **AND** there is evidence of a significant delay in development in one or more areas as demonstrated by a score of 1.5 standard deviations* or more below the mean on an appropriate norm-referenced diagnostic assessment which is administered by an appropriately trained professional.

[* Or the technical equivalent in percentile (7%) or standard scores (76) if the mean is 100 and standard deviation is 16.]

**2. TIMETABLE FOR SERVICES**

By 1991 the State of Colorado will ensure that a coordinated, interagency statewide system has been developed and implemented to provide options for appropriate early intervention services and supports for infants and toddlers and their families. The early intervention services and supports implemented in Colorado will be (not listed in priority order): (1) coordinated with other state, local and community resources providing services and supports for infants/toddlers and their families; (2) provided in conformity with an individualized family service plan; (3) provided under the supervision of the lead agency; (4) provided at no cost except where federal or state law provides for a system of payments by families including a schedule of sliding fees; (5) designed to meet the developmental, compensatory, adaptive and functional life needs of infants and toddlers and their families that are related to the child's handicapping condition; (6) designed to meet the standards of

the State; (7) developed to include a variety of services, resources, and support groups to enable the infants/toddlers and their families to benefit from the statewide system of services; and (8) provided by qualified personnel.

The Colorado Interagency Coordinating Council and the Colorado Department of Education have developed a five year plan that specifies when various early intervention services will be available to infants and toddlers and their families.

### 3. TIMELY, COMPREHENSIVE, MULTIDISCIPLINARY EVALUATION

By 1990 the State of Colorado will ensure the availability of a timely, comprehensive, multidisciplinary evaluation of: (1) the capacity (strengths and needs) of each infant and toddler who may be eligible as determined by the State definition; and (2) the strengths and needs of the families. The purpose of the assessment will be to determine the eligibility of the infant/toddler, to understand the functioning of the infant/toddler in terms of his or her specific capacities and to assist in planning for interventions and supports. The assessment process will respect the unique developmental nature and characteristics of the infant, will include the active participation of parents and other significant family members, will be sensitive to cultural and ethnic differences and will utilize appropriate assessment procedures and instruments.

### 4. INDIVIDUALIZED FAMILY SERVICE PLAN

By 1990 the State of Colorado will ensure that each family with an infant or toddler eligible for services, or those who choose to participate in the P.L. 99-457 system of services and supports, will participate in the development of the individualized family service plan (IFSP). The purpose of the IFSP is to identify and organize the formal and informal community resources that can facilitate achievement of a family's goals for their child and themselves. The IFSP process will be designed to be flexible, family-focused and non-intrusive for families. The IFSP process will reflect a variety of services and supports and will provide options for the delivery of services for the family. The IFSP process will support, enable and empower families to utilize local community resources.

Each infant and toddler eligible for services and their family will receive: (1) a multidisciplinary assessment of unique needs and the identification of services appropriate to meet such needs; and (2) a written individualized family service plan developed by the family, other individuals of the family's choice and a multidisciplinary team.

The IFSP will be a dynamic, on-going process that will be reviewed, evaluated and revised at least twice annually or at the request of the family or provider to ensure the appropriateness of the early intervention services and supports and the effectiveness of the plan in meeting the child and family needs.

P.L. 99-457 requires that the IFSP be a written document containing seven elements; however the state will also require that the information be accessible to families by using alternative means of documentation, including verbal, taped recordings in the native language of the family when needed.

These seven elements are:

1. A statement of the infant's or toddler's present levels of development in the areas of physical, cognitive, language and speech, social-emotional, and self-help skills. The law requires that this statement be based on objective criteria acceptable to both parent and provider.
2. A statement of the family's strengths and needs related to enhancing the development of the child.
3. A statement of the major outcomes expected to be achieved for the child and family, the criteria, procedures and timelines used to determine the degree to which progress toward achieving the outcomes is being made, and whether or not revisions of the outcomes or services are necessary.
4. A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and family. The statement should reflect that there was a discussion about the options and array of community services available for the infant or toddler and family.
5. The projected dates for initiation of the services and the anticipated duration of the services.
6. The name of the person responsible for implementing the service plan and coordinating the process among other agencies and/or persons.
7. The steps to be taken to support the child's transition to preschool services, if appropriate.

CASE MANAGEMENT

By 1990 the State of Colorado will ensure the availability of case management services for all infants and toddlers and their families who are eligible for the state's P.L. 99-457 program. Case management will include such services as intake, support to families, linkages with and coordination of community resources as well as providing consultation and training when necessary. A variety of case management approaches, both formal and informal, will be utilized with the intent of enabling and supporting families to meet the challenges that result from having

an infant with identified or suspected developmental delays. Families will be supported in acquiring the skills needed to access resources and supports confidently and competently. Case management support will be individually tailored, recognizing the changing capacities of families as they grow more familiar with their needs and the service system. Professional case management and designated case mangers will support families with consultation and training, and may also provide direct intervention and coordination services at those times and in those situations when the family desires or needs these services.

**5. COMPREHENSIVE CHILD IDENTIFICATION PROCESS**

By 1991 the State of Colorado will offer child identification services under the P.L. 99-457 system which will include a proactive, on-going and easily accessible child identification process that is sensitive to the integrity of the family. The process will be a collaborative, community directed, interagency effort to locate, evaluate and identify infants or toddlers eligible for services and to assist families in accessing community resources and early intervention services and supports. A variety of child identification approaches and settings will be implemented and these approaches will be sensitive to the integrity of the family and the ethnic, cultural and economic differences of families.

The child identification process will be an active, ongoing process using multiple resources for seeking out very young children with suspected handicapping conditions or at-risk for developmental delays that include: 1) an information management system to link infants and toddlers and their families with formal and informal community resources which will enhance the development of children with special needs; and 2) a system that provides easy accessibility for families through multiple entry points that are utilized throughout the year.

**6. PUBLIC AWARENESS**

The State of Colorado will develop and implement a statewide, on-going public awareness campaign to: (1) increase public awareness about the value of all children and the importance of early childhood services and the types of services available to children and their families; (2) educate the general public about "early warning signs" and developmental milestones; (3) educate the general public about the needs of families and family focused services; (4) provide information about early childhood issues throughout the state; and (5) sensitize the public to the value of diversity in typical community settings.

## 7. CENTRAL DIRECTORY OF SERVICES, AND LIST OF RESOURCES, EXPERTS, RESEARCH

It is the policy of the State of Colorado to make available to families and the general public information about a wide array of resources that can be accessed for infants/toddlers and their families. The Colorado Department of Education, as the lead agency, in conjunction with the resources of the Disability Information and Referral Service has a commitment to maintain an on-going and continually updated central directory which identifies a wide array of services, resources, parental support groups and organizations throughout Colorado.

## 8. PERSONNEL DEVELOPMENT

The State of Colorado will address personnel development needs of two different populations: paid professional workers and parent/volunteers who will also be involved in the support of infants/toddlers and their families. The State of Colorado will ensure that paid professional personnel will be appropriately trained, endorsed and qualified to support the needs of infants and toddlers and their families through the provision, monitoring and supervision of direct services. A variety of approaches will be utilized to address personnel training needs that will meet the varied requirements of a comprehensive service delivery system. The State recognizes the changing roles of the professional service providers and the parents. The pre-service training programs for the traditional disciplines involved with the service delivery system and continuing education resources for this population will be encouraged to: (1) include training relevant to a more family focused approach; (2) utilize the families' skills and competencies and informal resources; and (3) identify community services.

A multi-tiered model of on-going personnel development for both paid professionals, paraprofessionals, parents and volunteers will include in-service training activities, technical assistance and the identification of multiple resources. Training activities will include support for parents, professionals and paraprofessionals to increase their skills and competencies as they work with very young children and their families.

## 9 - 13. SINGLE LINE OF RESPONSIBILITY - ADMINISTRATION

Participation in P.L. 99-457 requires the Governor to appoint a lead agency to function as the single line of responsibility on behalf of the State of Colorado. The Colorado Department of Education through the Special Education Services Unit will exercise the responsibility of the lead agency to meet the requirements of P.L. 99-457.

In exercising this leadership, the Colorado Department of Education will recognize that responsibility in government is best exercised in an interagency collaborative model.

While the lead agency has the responsibility to ensure the appropriate provision of services, the underlying value adopted by the Colorado Interagency Coordinating Council is to recognize that families have the ability to identify their own needs but should have access to public and private resources to meet those needs. The lead agency will ensure that services and supports for infant/toddlers and their families will reflect the values and philosophy endorsed by the Colorado Interagency Coordinating Council. In accordance with these values the lead agency will ensure that:

(1) contracts are made with local providers for services
(2) there is a timely reimbursement of funds
(3) interagency agreements are entered into with regard to the assignment of financial responsibility to appropriate agencies.

The intent of the Colorado Interagency Coordinating Council is to develop procedures for the timely resolution of complaints by parents and/or providers that will:

(1) maintain and safeguard the rights of infants/toddlers and their families;
(2) approach complaint resolution from a perspective of negotiation and mediation rather from an adversarial, antagonistic, legalistic framework;
(3) ensure that the public is informed of the procedure; and,
(4) be locally-based and utilize local resources to the extent possible.

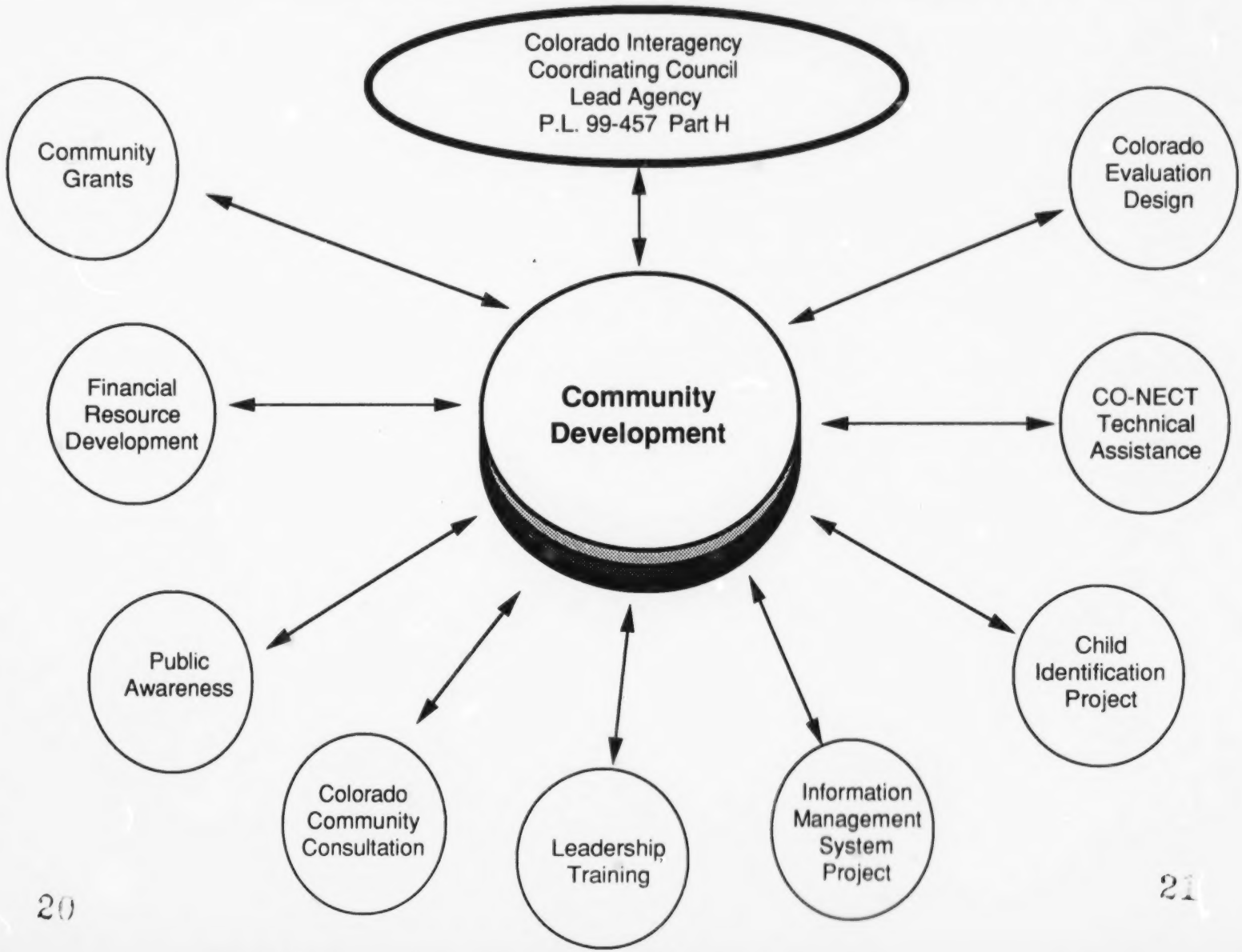
Ultimately the lead agency will be responsible for mediating disputes and for ensuring the families and the public are aware of the process of complaint resolution.

Procedures will be established to assist families with infants and toddlers in the resolution of complaints in as speedy a fashion as possible and to ensure the provision of appropriate services pending the resolution of the complaint.

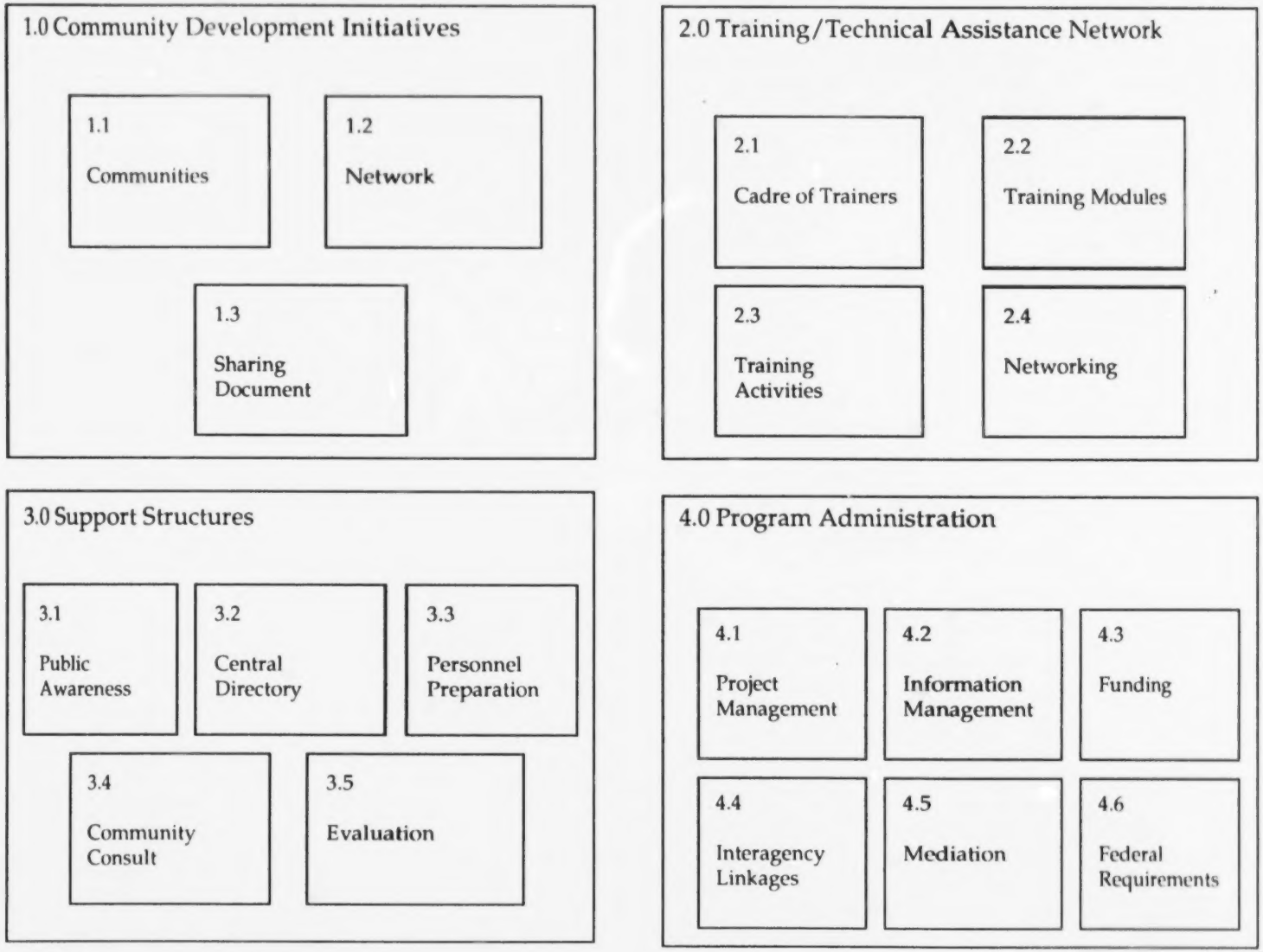
## 14. DATA MANAGEMENT

The State of Colorado will establish a system for compiling data regarding the early intervention programs which may be based on sampling rather than population-based.

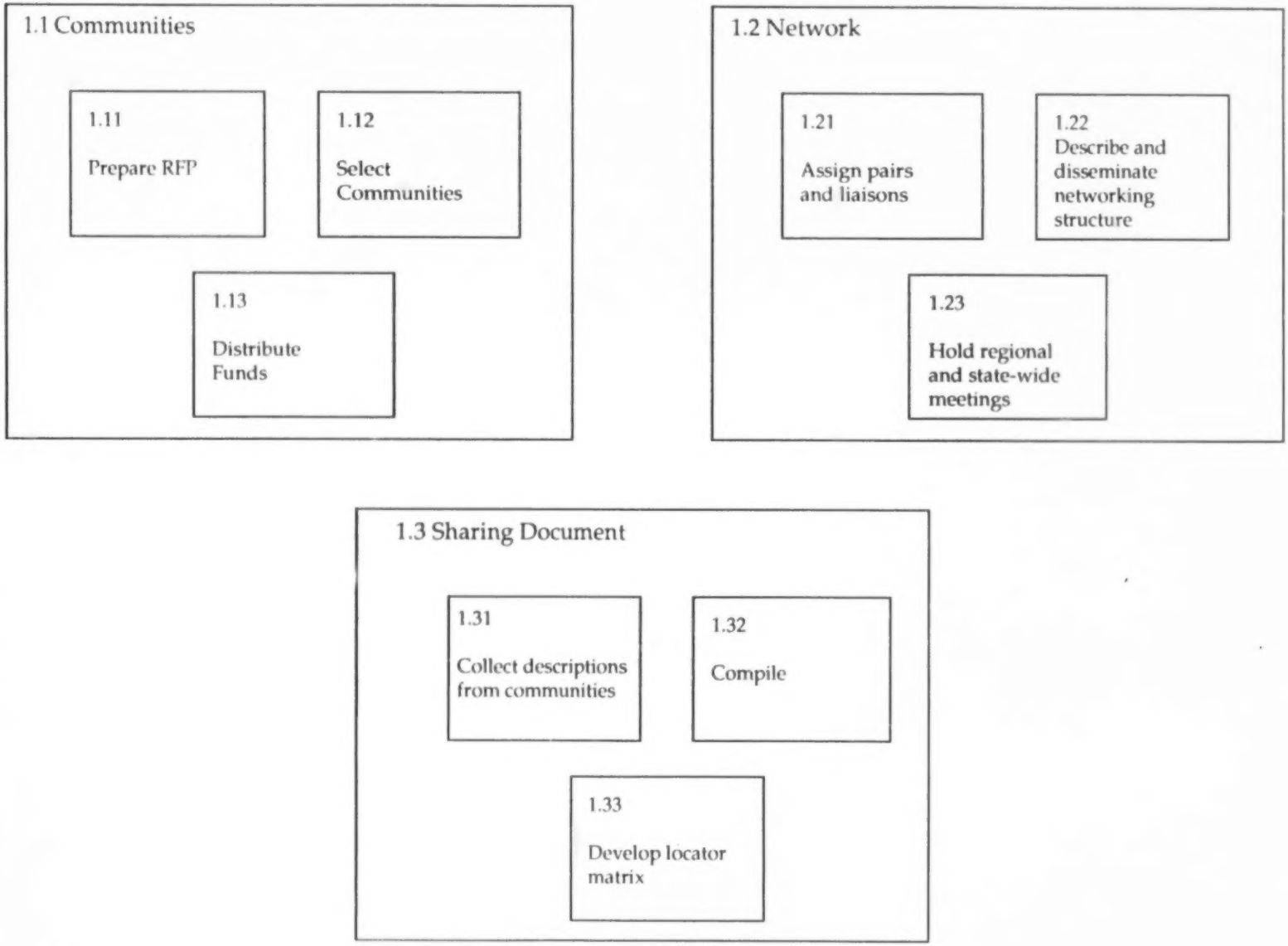
# Infant/Toddler and Family Services
# STATEWIDE SUPPORT SYSTEM



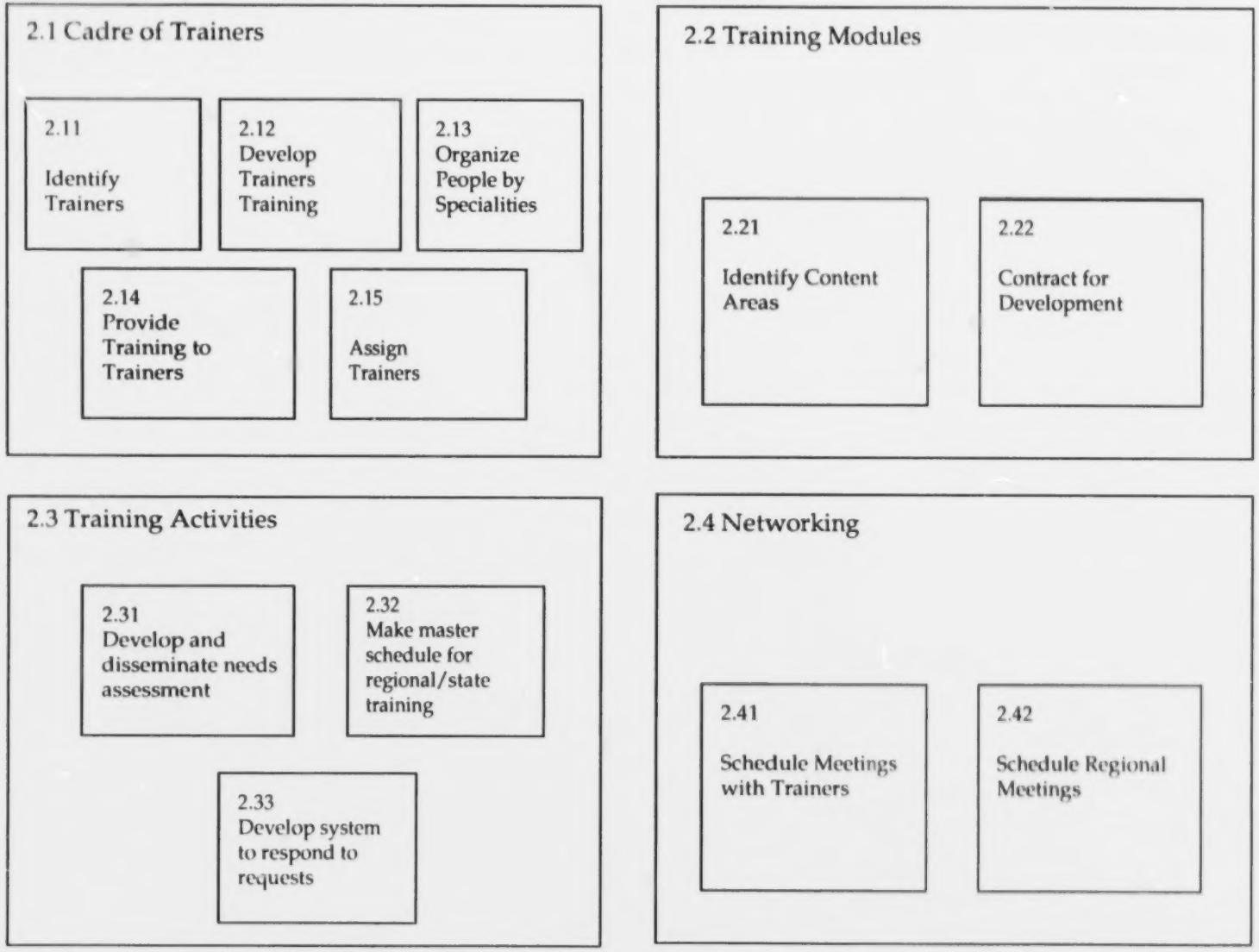
# 1990-91 Part H Planning



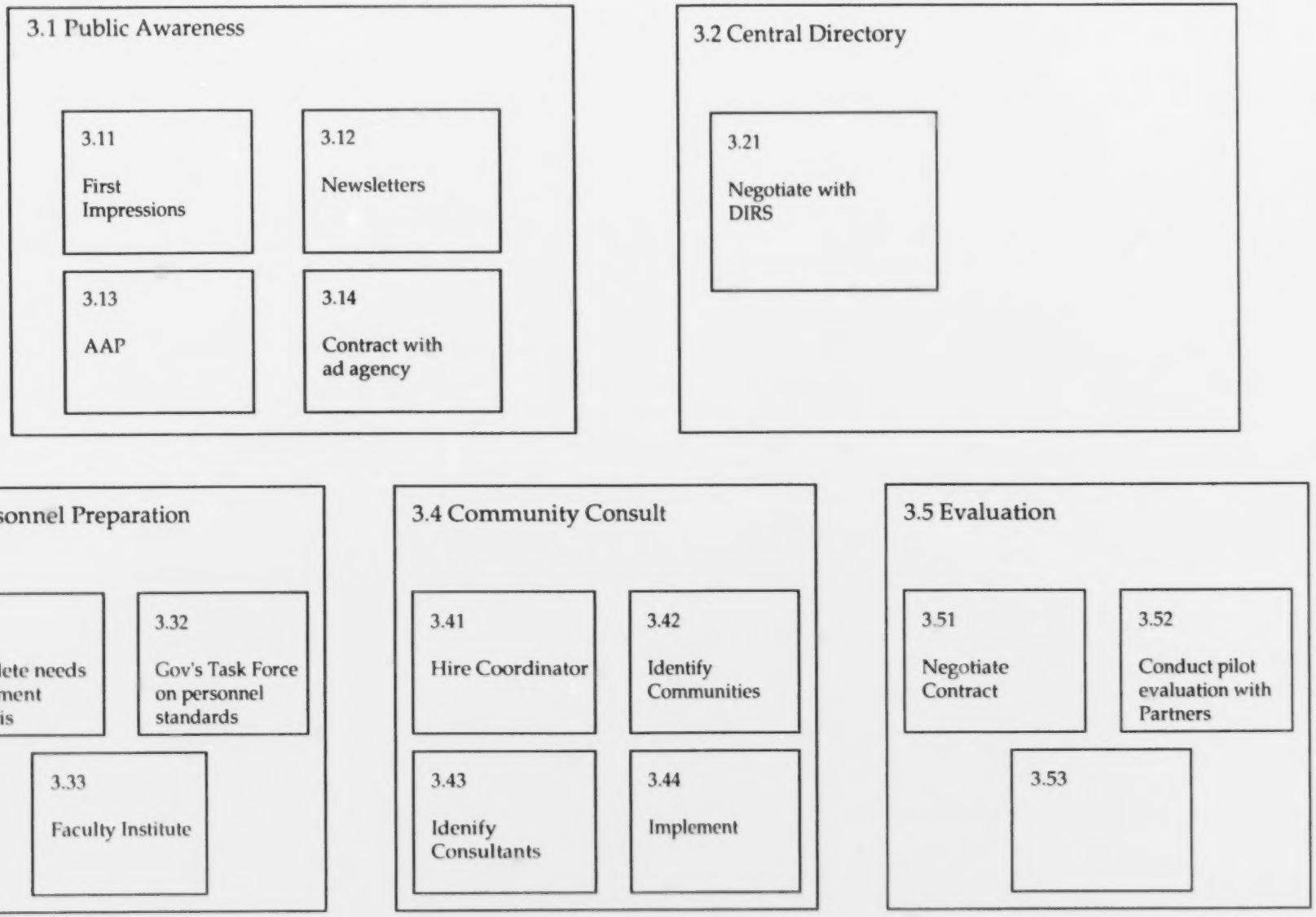
# 1.0 Community Development Initiatives



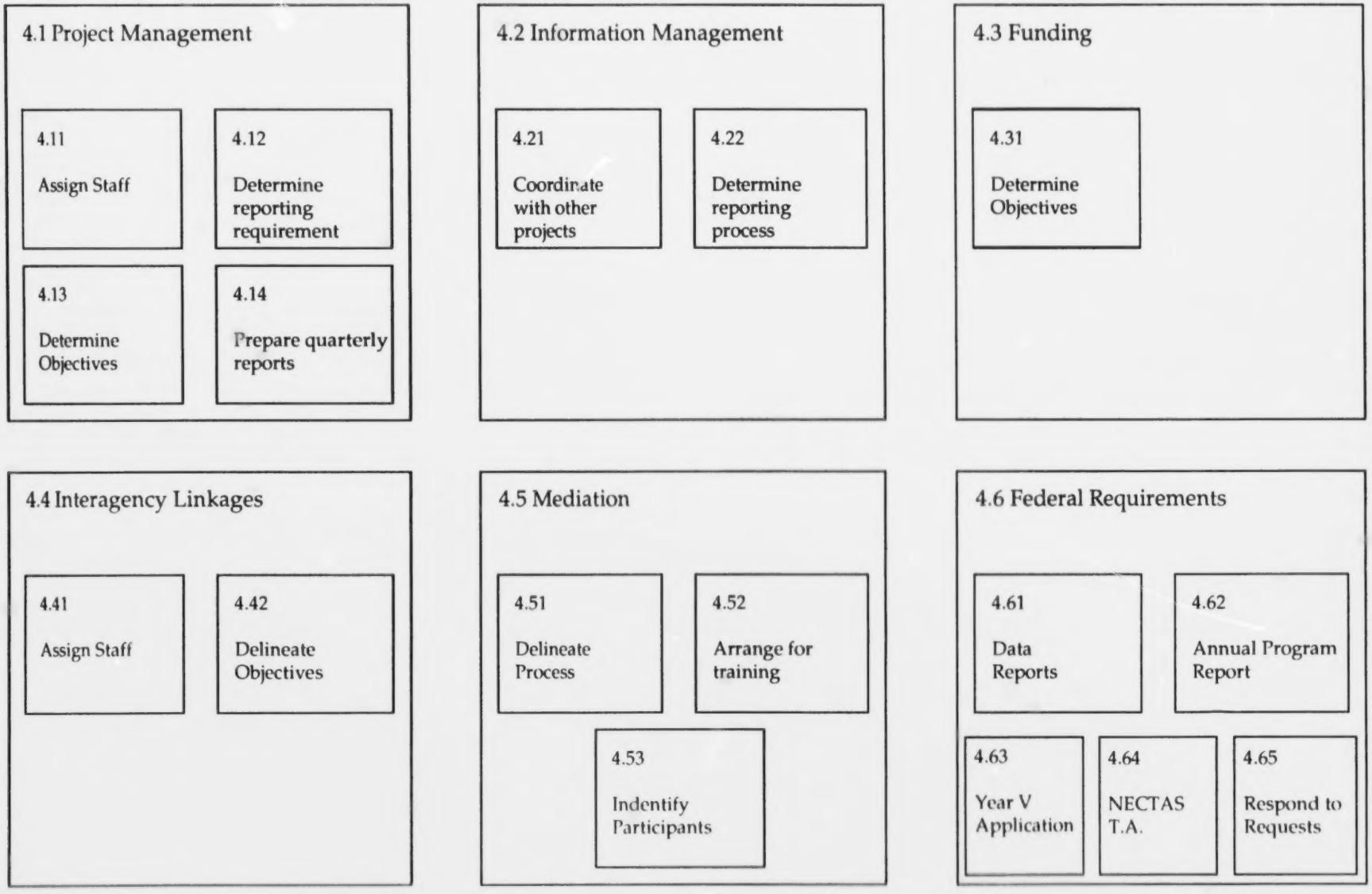
# 2.0 Training/Technical Assistance Network


2.1 Cadre of Trainers
2.11 Identify Trainers
2.12 Develop Trainers Training
2.13 Organize People by Specialities
2.14 Provide Training to Trainers
2.15 Assign Trainers
2.2 Training Modules
2.21 Identify Content Areas
2.22 Contract for Development
2.3 Training Activities
2.31 Develop and disseminate needs assessment
2.32 Make master schedule for regional/state training
2.33 Develop system to respond to requests
2.4 Networking
2.41 Schedule Meetings with Trainers
2.42 Schedule Regional Meetings

# 3.0 Support Structures



# 4.0 Program Administration



1990-91 Part H Planning Structure

1.0 COMMUNITY DEVELOPMENT INITIATIVES

1.1 Identify and provide funding to up to 20 self-defined "COMMUNITIES" that will create comprehensive, coordinated community systems that address:

- an interagency child identification system providing easily accessible screening and assessment;
- a broadbased family support structure that connects families with both natural and specialized resources;
- an array of options of services and supports to meet infant and family needs; and
- linkages within the communities with other state initiatives, such as First Impressions and the Colorado Preschool Project.

1.2 Establish a NETWORK between and among the 20 communities that also links with the training and technical assistance network through a pyramid of paired communities with a shared liaison that further connects with regional blocks and ultimately with a state coalition.

- provide funds for travel to facilitate group meetings and interaction

1.3 Develop and disseminate a SHARING DOCUMENT that includes a description of each of the twenty communities and that highlights exemplary components of each community's service and support system with a locator matrix attached to the document to assist the reader and other communities with applicable replication.

2.0 TRAINING AND TECHNICAL ASSISTANCE NETWORK

2.1 Identify and train a CADRE OF TRAINERS who have a shared vision and values base for Colorado's comprehensive system, who have specialized knowledge and skills to share throughout the state, who interact on a regular basis and who can provide training on a state-wide, regional and/or local basis.

2.2 Develop a series of TRAINING MODULES, containing relevant materials and formats, that can be used to influence attitudes and to increase knowledge and skills in specifically identified areas (e.g., diagnostic assessment, IFSP process, family support, information management, etc.)

2.3 Organize and implement a variety of TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES on a state-wide regional and local basis on federal requirements, state priorities and locally identified needs.

2.4 Facilitate NETWORKING on a regional and state-wide basis based on shared visions, needs and resources through a pyramid technical support structure.

3.0 SUPPORT STRUCTURES

3.1 Continue and enhance PUBLIC AWARENESS efforts through the First Impressions initiative, newsletters and other activities to be developed.

3.2 Continue support for the CENTRAL DIRECTORY through the Disability Information and Referral Service. (decentralize?)

3.3 Collect and analyze data regarding personnel needs and PERSONNEL PREPARATION needs, analyze existing standards for personnel who interact with infants and their families and develop plans to influence training at the pre-service level through a faculty training institute.

3.4 Refine and operationalize in up to six communities the COMMUNITY CONSULT model of peer review and monitoring of the comprehensive, coordinated, interagency system of services and supports for infants and families.

3.5 Support a program EVALUATION structure that assists communities in information management and self-reflection to create an on-going feedback loop that will allow for continued development, revision and enhancement of comprehensive, coordinated community systems.

4.0 PROGRAM ADMINISTRATION

4.1 Provide a continuous framework of PROGRAM MANAGEMENT to maintain and support local development and all facilitating structures.

4.2 Develop a state-wide INFORMATION MANAGEMENT system that can be linked with local systems.

4.3 Analyze current and alternative FUNDING strategies and explore options for the expansion of fiscal resources, including increased access to Medicaid/EPSDT, expansion of the state DD appropriation and flexible use of existing resources.

4.4 Expand and strengthen state INTERAGENCY LINKAGES with particular emphasis on: the Governor's Policy Academy, the First Impressions initiative, the state information management project, health department

programs such as D & E Clinics and public health, comprehensive health care initiatives, the DDD in relation to early childhood funding and potential legislative changes, HeadStart expansion and child care expansion.

4.5 Expand the state's process for MEDIATION in the resolution of disputes and create a trained cadre of mediators who are knowledgeable about issues related to Part H and to services and supports for infants and their families.

4.6 Maintain compliance with all FEDERAL REQUIREMENTS regarding reporting (e.g., the Annual Program Report and data requirements) and application procedures.